



# LOS ANGELES COUNTY

WIA Adult, Dislocated Worker, and Rapid Response  
Programs

## INFORMATIONAL BULLETIN

**Number: ADW B14-03**

**Subject: L.A. County WIA Agency Contact  
Information Update Form**

**Date: October 06, 2014**

**Effective Date: Immediately**

**TO: Los Angeles County Workforce Investment Act (WIA) Adult and Dislocated  
Worker Program Contractors**

This bulletin provides the Los Angeles County WIA Agency Contact Information Update Form. Agencies are required to use this form to notify CSS WIA Program Division of any key staff changes as soon as they occur.

The contacts provided will be used to disseminate all programmatic information including program updates, needs, changes, and requirements. The form must be completed and sent by the Executive Director ONLY. A copy of the most current updated form should be kept on file for agency records. Please refer to the attached form for more information.

If you have any questions, please contact us at [wiaadw@css.lacounty.gov](mailto:wiaadw@css.lacounty.gov).

Thank you,

A handwritten signature in black ink, appearing to read "Josie Marquez", is written over a horizontal line.

**Josie Marquez, Assistant Director  
Workforce and Community Services Branch**

Attachment



## Los Angeles County Workforce Investment Act Agency Contact Information Update Form



LA County WIA Planning and Operations Division uses these contacts for all programmatic needs, including releasing program updates, changes, and requirements. It is the agency's responsibility to ensure the contact list is up to date at all times.

*Agency / AJCC Name	
*Address	
*Phone	
*Fax	
*TTY	
*Executive Director: Name	
*Executive Director: Phone	
*Executive Director: E-Mail	
*Program Manager: Name	
*Program Manager: Phone	
*Program Manager: E-Mail	
Other Representative: Name	
Other Representative: Title	
Other Representative: Phone	
Other Representative: E-Mail	
Other Representative: Name	
Other Representative: Title	
Other Representative: Phone	
Other Representative: E-Mail	

\*Required Field

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Print Name

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Title

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Signature

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Date

Form must be completed and sent by the Executive Director ONLY.  
Please e-mail the completed form to [wiaadw@css.lacounty.gov](mailto:wiaadw@css.lacounty.gov)